

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

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Applicants: Cohen, et al.
Serial No.: 08/643,312
Filing Date: May 6, 1996
Title: MORPHOGEN TREATMENT FOR CHRONIC RENAL FAILURE

Art Unit: 1627
Examiner: Celsa



CERTIFICATE OF MAILING UNDER 37 C.F.R. §1.8(a)

I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as First Class Mail in an envelope addressed to Commissioner for Patents, Washington, D.C. 20231

on 9-27-01
Date

Adam M. Kelly
Adam M. Kelly

Commissioner for Patents
Washington, DC 20231

Dear Sir:

TRANSMITTAL LETTER

The Applicants hereby submit:

- 1) Change of Correspondence Address
- 2) Change of Attorney Contact Information
- 3) Copy of General Revocation of Prior Powers of Attorney and Appointment of New Power of Attorney or Authorization of Agents
- 4) Postcard for Date Stamp of Receipt

Respectfully submitted,

ROPES AND GRAY

Dated: 9/27/01

William G. Gosz
William G. Gosz
Registration No.: 27,787

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Facsimile: (617) 951-7050
Customer No.: 28120
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TRANSMITTAL LETTER (General Patent Pending)		Docket No. CIBT-P01-513	
In Re Application Of: Robert M. Vetto, Sr.			
Serial No. 09/643,321	Filing Date May 6, 1996	Examiner Celsa	Group Art Unit 1627
Title: MORPHOGEN TREATMENT FOR CHRONIC RENAL FAILURE			
<p style="text-align: center;"><u>TO THE COMMISSIONER OF PATENTS AND TRADEMARKS:</u></p> <p>Transmitted herewith is:</p> <p>An incorrect Notice Regarding Power of Attorney. Please note the incorrect Application Number on the Notice sent to us from the United States Patent and Trademark Office. We have written the correct Application Number on the copy attached hereto. Also enclosed is a copy of the previously filed revocation, change of address and contact information.</p> <p>in the above identified application.</p> <p><input type="checkbox"/> No additional fee is required.</p> <p><input type="checkbox"/> A check in the amount of _____ is attached.</p> <p><input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge and credit Deposit Account No. 18-1945 as described below. A duplicate copy of this sheet is enclosed.</p> <p><input type="checkbox"/> Charge the amount of _____</p> <p><input type="checkbox"/> Credit any overpayment.</p> <p><input checked="" type="checkbox"/> Charge any additional fee required.</p> <p><i>William G. Gosz</i> _____ Signature</p> <p>Dated: January 8, 2002</p> <p>William G. Gosz Reg. No. 27,787</p> <div style="border: 1px solid black; padding: 5px; width: fit-content;"><p>I certify that this document and fee is being deposited on January 8, 2002 with the U.S. Postal Service as first class mail under 37 C.F.R. 1.8 and is addressed to the Commissioner of Patents and Trademarks, Washington, D.C. 20231.</p><p><i>Patricia McKenney</i> _____ Signature of Person Mailing Correspondence</p><p>Patricia McKenney _____ Typed or Printed Name of Person Mailing Correspondence</p></div>			

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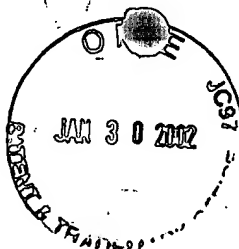
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PATENT ATTORNEY DOCKET NO.: ABT-P01-513

The Patent and Trademark Office date stamp sets forth the date of receipt of:

Applicant or Patentee Cohen, et al.No. (Application, Appeal, Interference, Patent, Reexam) 08/643,312Filing or Issue Date May 6, 1996Title MORPHOLIN TREATMENT FOR CHRONIC RENAL FAILURE

- ☒ Transmittal Letter ☐ Status Inquiry
☐ Assignment ☐ Declaration
☐ Amendment/Response _____ Pages ☐ Request Certificate of Correction
☐ Maintenance Fee ☐ Notice of Appeal
☐ Check \$ _____ ☐ Appeal Brief (3 copies) _____ Pages
☐ Deposit Account Order Form (2 copies) ☐ Petition for Extension of Time (2 cc)
☐ Issue Fee ☐ Request Patent Copies
☐ Information Disclosure Statement
☐ PTO 1449 Form _____ Pages ☐ Prior Art References; Number of References _____
☐ Drawings _____ Sheets Formal _____ Sheets Informal _____ Sheets Amended
☐ Notice of Missing Parts
☐ Combined Declaration and Power of Attorney
☒ Other Change in address & contact info, revocation

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Initials Wot/akMatter Name CurisDate 9-27-9

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PATENT ATTORNEY DOCKET NO.: ABT-P01-513

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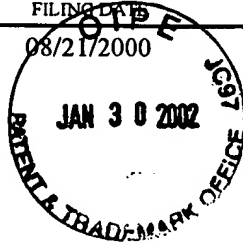
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APPLICATION NUMBER 09/643,312	FILING DATE 08/21/2000	FIRST NAMED APPLICANT Robert M. Vetto SR.	ATTY. DOCKET NO./TITLE CIBT-P01-513
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28120
ROPE & GRAY
ONE INTERNATIONAL PLACE
BOSTON, MA 02110-2624



CONFIRMATION NO. 8996

Date Mailed: 10/11/2001

NOTICE REGARDING POWER OF ATTORNEY

This is in response to the Power of Attorney filed 10/01/2001.

The Power of Attorney in this application is accepted. Correspondence in this application will be mailed to the above address as provided by 37 CFR 1.33.

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Docket No.: CIBT-P01-513

Action: POA credited to wrong case

Stat. Deadline: 11/NOV/01

J. T. Gaynor
JESSICA T GAYNOR
2100 7033064141

ATTORNEY/APPLICANT COPY

Ropes & Gray
Intellectual Property Dept.
OCT 15 2001